

REQUEST FOR DEATH CERTIFICATE

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7. Requests without proper identification will not be processed. Please complete ALL items below as required pursuant to IC 16-37-1-10 (a).

You **MUST** include or present the following with completed application:

1. Valid photo ID required (Copy driver's license, Military ID, Passport)
2. Payment: Cash, certified check, money order, credit card (No personal checks accepted)
3. Stamped, self-addressed envelope (If you want the certificate(s) mailed to you.)

Please Print Clearly

FULL NAME OF PERSON ON CERTIFICATE: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

YOUR FULL NAME: _____

YOUR MAILING ADDRESS: _____

Street City State Zip Code

YOUR TELEPHONE: _____ YOUR EMAIL: _____

YOUR SIGNATURE: _____

YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE: _____

*** Proof of relationship is required.

PURPOSE FOR WHICH CERTIFICATE IS TO BE USED: _____

NUMBER OF DEATH CERTIFICATES REQUESTED _____ @ \$15.00 each

Warrick County Health Department

107 W. Locust Street, Suite 204

Boonville, IN 47601

Telephone: (812) 897-6105 Ext. 1 or 6

You can order by emailing application, copy valid photo of ID, and payment or call for instructions.

Visa – Master Card – Discover

Name: _____

Mailing Address: _____

Telephone Number (include area code): _____

Credit Card Number: _____ - _____ - _____ - _____

Three Digit Security Code: _____ Expiration Date: _____

*** A \$3.00 convenience fee is added if Death Certificate(s) charged to credit card.

*** For your protection, credit card information is shredded when transaction is complete.